

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034389

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1371

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>6 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clarence Harp</u>		4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-8-87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bradgate, Iowa</u>	
11. BIRTHPLACE (City and state or country) <u>Bradgate, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Cecil Harp</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Cecil Harp, R.l., Ava, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Right upper lobe pneumonia due to E. coli</u> DUE TO (b) <u>acute phase of chronic lymphoblastic leukemia</u> DUE TO (c) <u>leukemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 1/2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:35</u> a.m. Month, Day, Year <u>9-5-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in, or about home, farm, factory, street, office bldg., etc.) <u>1135 AMT</u>	20f. CITY, TOWN, OR LOCATION <u>9-9-62</u>	COUNTY	STATE
21. I attended the deceased from <u>9-5-62</u> to <u>9-9-62</u> and last saw him/her on <u>9-9-62</u> Death occurred at <u>11:35 AMT</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Cecil R. Gerner MD</u> (Degree or title)	
22b. ADDRESS <u>600 S. Hawthorne Springfield, Mo</u>		22c. DATE SIGNED <u>9-10-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>North Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft. Dodge, Iowa</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-12-62</u>	
26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>			

Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Cecil A. Gerner, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 20 1962

SEP 27 1962

Dr. [unclear]

Permit 9-10-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *L. Paulin Gorman*

Licensed Embalmer No. 3177

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.